PHYSICIANS should state RD. Every item of infor-

of OCCUPA-

Exact statement

WITH UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be stated EXACTLY.

B.—WRITE PL.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(B)	
County A. Many	2	Registration Dist. No. 282	/
Village or City Leanary	Starun	No. St.	Ward
	J. (If	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death	occurred Mayersmos	ds. How long in U.S. If of foreign blrth?yrsm	osds.
2. FULL NAME ackson	9. Well	If U. S. Veteran, specify WAR	
(a) Residence: No. Junand	town med		
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	7
male while	married	(Monty) (Day)	, 193 (Yaar)
5a. If marriad, widowed or divorced	Quality	The state of the s	
HUSBAND of Clipbeth	war willing	22. I HEREBY CERTIFY That I attended Jeff 15 19.17 to Left 12	decaased from
	7 1012	75	9
6. DATE OF BIRTH (month, day, and yaar)	6 1 1 11 1500 11 -	I last saw h	.; death is said
7. AGE Yaars Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence	
76 3	ormin.	wara as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER,		Cerebraf apollory	,
SAWYER, BOOKKEEPER, atc.	annet	-	Jun 20
9. Industry or business in which work was done, as SILK MILL,			9
SAW MILL, BANK, etc	II. Total time (yaars)	-	-
this occupetion (month end	spent In this		
7001)	Occupation	Other Cantributesy Causes of Importagea:	
12. BIRTHPLACE (city or town)		Chronic restrution -	
1 0 1 0 1	inte	of asternal Schenner	
13. NAME Soling Whe	ll		
4. BIRTHPLACE (city or town)		Name of operation Data of	
(State of country)	ylank	What test confirmed diagnosis? Was there an a	nutopsy?
I 15. MAIDEN NAME Jane G	anl	23. If death was due to external causes (VIOL ENCE) fill in also the following	! :
16. BIRTHPLACE (city or town)	6	Accidant, suicide, or homicida? Date of Injury	, 19
E (State or country) Aman	yland.	Where did Injury occur?	
17. INFORMANT Pauline La	Vansan.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Address) Lean and la	un Ind		
18. BURIAL, CREMATION, OR REMOVAL	11. 00	Menner of Injury	
Place Seasand Saun De	ite 10/, 24 , 1937	Nature of Injury	
790.1:		24. Was diseasa or Injury in any wey releted to occupation of decaasad?	91
19. UNDERTAKER (Address)	m.	If so, specify	
9/22 2 3		(Signad) + + 14 semsel	a 14 P
20. FILED 1 19.57 COM	Registrar,	(Addrass)	Sell.
If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLA

V. S. No. 1

7	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT, ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	Carb. Every	PHYSICIANS	act statement	
PATTON	MANENT	KACTLY.	lassified. Exa	
תת אוס ז ת	IS IS A PER	e stated E	e properly c	of certificate.
TA ATTECTAT	VG INK-TH	AGE should b	that it may b	ons on back o
MUDATURA	H UNFADIR	y supplied.	ain terms, so	See instructi
Philama viol delynational ributals	AMILY, WE	ld be carefull	DEATH in pl	TION is very important. See instructions on back of certificate.
	-WRITE PI	mation shou	CAUSE OF	TION is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10113
1. PLACE OF DEATH	(22)
6 County St Marys	Registration Dist. No. 281
Village or City Jall Jimbers	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?mosds.
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cor WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from 1937, to 1937
6. DATE OF BIRTH (month, dev. and year) Jan. 20 1873	liast saw ham elive on sept 17, 1937; death is said
7. AGE Years Months Days If LESS then	to have occurred on the data stated above, at 12115-Pm.
64 7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	Depticement 9,10,37. Percentia : course, sunknowma 9,1/37. The pyelitise suns the foodrable course. of the sefticemia. Wa biotory of injury. Other Contributory Causes of importance: Civil R.
I Is. NAME During Jantan	
13. NAME June June June June June June June June	Neme of operation Dete of Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Wildred Strateger 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT MINETTE GRACIE (Address) Sell Line Lys Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place At Jurges Combingate Sept 201937	Manner of injury
19. UNDERTAKER I'M C Mallongly (Addrass) Riman Sound	24. Wes disease or injury in any way related to occupetion of dacaased?
20. FILED Sept 18, 1937 of Sam brown Registrary	(Signed) M. D. (Addrass) Great Mails md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	S. July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	S.C.	PH .	Exact	
PATTONI	RMANENT	XACTLY.	classified.	
FOR D	S IS A PE	stated E	properly	certificate
1	HIS	be	be	of
MANGIN RESERVED FOR DINDING	-WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT, ACC	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
	-WRITE PLANLY,	mation should be car	CAUSE OF DEATH	TION is very import

N. B.—WRITE PLA mation should

V. S. No. 1

RD. Every item of infor-YSICIANS should state statement of OCCUPA.

	STATE C	F MARYI AND—	CERTIFICATE OF DEATH	0114
1. PLACE O	A 4 1 Marie - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OEKHI IOKI E OL BEKHIL	
County	1		Registration Dist. No. 281	
Village or (City Lionard	lown	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and n ds. How long In U.S. If of foreign birth?	umber)
2. FULL NA	ME Infant	Cacif	If U. S. Veteran, specify WAR	
(a) Resider	nce: No	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept (Month) (Day)	f93. ⁷ 7(Year)
5a. If merried, widow HUSBAND of (or) WIFE of	wed, or divorced	4	22. I HEREBY CERTIFY, Thet I attended of the state of t	, 19.3.7.
	ers Months	Days If LESS then 1 day,hrs.	to have occurred on the dete stated above, et	; deeth is said
kind of	ession, or particular work done, es SPINNER, R, BOOKKEEPER, etc	ormin.	Gressen on the brain due	Date of onsst
SAW MILL, BANK, etc		ff. Totel time (years)	to absence of of stall bonie	
year)		spent in this occupation	Other Contributary Causes of Importance:	
(State or cou	0 11	,)		
	E (city or town)		Neme of operation	
f5. MAIDEN NA	6	anthe	What test confirmed diegnosis?	
f6. BIRTHPLAC	E (city or town)	d a contraction of the contracti	23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following Accident, suicide, or homicide?	, 19
f7. INFORMANT (Address)	Agoa Cica	Els, md	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
f8. BURIAL, CREMA	TION, OR REMOVAL	legate Supet 4, 1937	Manner of Injury	
f9. UNDERTAKER(Address)	Jana Ceci	Els, med	24. Was disease or Injury In any way releted to occupetion of deceased?	
20. FILED. L.	\$ 3,137 P	Begin hind Local Registrar.	(Signed) (Address) Grant Milly and	M. D.

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Date of onset	777	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

jallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL	L SPACE FOR FURTH	ER STATEMENTS BY PHYS	SICIAN

PHYSICIANS should state DRD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS A PERMANEN NLY, N. B.-WRITE P.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(75)
- County At Mary Coo	Registration Dist. No. 282
Village or City James allowers Ing	P No. Sp many Host St. Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME isstead of street and number)
0 1 11 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Madeson Celask	25 15 101 1
(a) Residence: No.	St., Ward. Ward. Ward of the state of the st
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Jeff 390 , 193.7
5a, If married, widowad, or divorced	(Month) (Day) (Fear)
HUSBAND of (or) HIPLOT) Eva Bales	22. HRREBY CERTIFY, That Lattended deceased from
1 7000	04/2 193/10 34/10 4 1937
B. DATE OF BIRTH (month, day, and year) Cross 2 4 7 7 7 7 7 7 7 7 7	I last saw h Long alive on 1977; death Is said
AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated allove, at
0// / / Ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	110011
SAWYER, BOOKKEEPER, etc	acul reliaciony that the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and spent In this	
year) occupation	Other Coatributory Causes of importance:
12, BIRTHPLACE (city or town) Tasking for Help	Other contributory causes of importance.
(State or country)	Allowholesm
13. NAME Selh & Clark	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country) I market 1	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Chipbeth Renfield	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Kenfield 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT ava Colas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3/4 Pa and Granhaugher 18. BURIAL CREMATION OR REMOVAL LE	
Place Com sessonal Constant Sett 6th 1937	Manner of Injury
000000000000000000000000000000000000000	Nature of injury
19. UNDERTAKER JO J. Malloy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Warfinglowkelp	If so, specify
20. FILED 9/14 , 1937 Comments	(Signed) T. J. Blanca M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write heusewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	-
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. PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

20. FILED 9-1 X- , 1937 1

AGE should be

mation should be carefully supplied.

ECORD. Every item of infor-

N. B.

STATE OF MARY	LAND-	CERTIFICATE OF DEATH	6
1. PLACE OF DEATH , _			
County I'm any		Registration Dist. No. 486	
Village or City Miles London	Ind	No. St.	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number	et)
Length of residence in city or town whara deeth occurred	yrsmos	./S. Lidd. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Infant Col	un	If U. S. Veteran, specify WAR	
(a) Residence: No. Mules (Usual place of a	abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICI	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (21. DATE OF DEATH , 193 (Month) (Day) , 193	Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended decease	sed from
6. DATE OF BIRTH (month, day, end yaer) 9-1>-	37	I last saw h. alive on 9-17-1937; daa	th is said
7. AGE Yeers Months Days	If LESS than	to heve occurred on the date stated above, et 2.2.0.1.m.	10 0010
	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
2 Trade profession or particular	012-2 min.	were es follows:	e of onset
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.		alikertusis	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and year)	n this		
12. BIRTHPLACE (city or town) Luils (or (Stete or country)		Other Contributory Causes of importance:	
# 13. NAME / terry forthe Coll	ui,		
13. NAME / LOUNG COULD C		Name of operation Date of Was thara an autops	sy?
15. MAIDEN NAME Thelina Teresal	+ cist un	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME The luna Teresalt airfur 16. BIRTHPLACE (city or town) 11 11 11 11 11 11 11 11 11 11 11 11 11		Accident, suicide, or homicida?	19
17. INFORMANT Jose the Herry Core (Addrass)	lhis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Screen than Deta (- 1)	1932	Nature of injury	
19. UNDERTAKER (Lenny Jour La Civille (Addrass) While to	mig	24. Was disease or injury in eny way related to occupation of deceesed?)

Registrar.

(Signed)__/

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Example 1	10	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	C 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County St. Marys	Registration Dist. No. 28
Village or City Sreat Mills	NoSt.,Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME onfant Demen	If U. S. Veteran, specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept 14 193 7
and and single	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY. Thet I attended deceased from
(or) wire or	Sept 14, 1937, to Sept 14, 1937
6. DATE OF BIRTH (month, dev. end year) Sept. 14-3>	1 lest saw h savalivo on still by Stat 1419.3); death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated ebove, et 2.4.m.
Still form I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
9 Trade profession or particular	were es follows:
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Careloral human Lage 944 37
9 industry or husiness in which	The state of the s
work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Deto deceased lest worked et this occupetion (month and spent in this	
year) occupetion	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Great Mills	Other Conditional Control Importance.
(State or country)	
13. NAME Another Dement	
13. NAME Destroy to except 14. BIRTHPLACE (city or town) Streat milya.	Name of operation Date of
(Stete or country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Prior Annually	23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Daisy drinsworthy 16. BIRTHPLACE (city or town) - Speat Mills f	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
9. 9. 1	(Specify city or town, county and State)
17. INFDRMANT CAddress)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Holy Frace Comot Dete Sept 10, 193.	Neture of Injury
2. C 24. 11.	24. Wes diseese or injury in eny way releted to occupetion of deceesed?
19. UNDERTAKER Win - Mallandly	If so, specify
l Humandrow of ma	(Signed) Allean M.D.
20, FILED Registrar.	(Address) Great mills, his
Goeal Registrat.	(undiezz) - h sand - length -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	111		1 week ago"
Cerebral hemorrhage SUREAU S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	1	
1	-WRITE PLAMLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY.
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N. B.—WRITE PLA

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

20. FILED Sept 14, 1937

JRD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10118
1. PLACE OF DEATH	TUR
County St Marys	Registration Dist. No. 281
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Daisy a Dement	If U. S. Veteran, specify WAR
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Final 4. COLOR OR RACE OR DIVORCED (write the word) The second of the color of the	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Denient	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 3/908 7. AGE Years Months Days If LESS then I day,hrs.	to have occurred on the date stated above, at 2.30 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	ware as follows: Date of onset P/14/37
work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Great Mills (State or country)	Other Cantributory Causes of Importanca:
13. NAME Grage amosworthy.	17740.7
13. NAME Grand amosworthy 14. BIRTHPLACE (city or town) Grand Mills (State or country)	Nama of operation Deta of What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Generies House 16. BIRTHPLACE (city or town) (State or country) M. M	23. If death was due to axternal causas (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
17. INFORMANT Paris Denant (Address) gut mills had	Whara did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION. DR. REMOVAL Place Atoly Law Cemela Date Sept 15, 1937	Manner of injury
19. UNDERTAKER Com C Mattingley (Address) Lionardlown and	24. Was disaase or injury in eny way related to occupation of dacaased?

Registrar.

(Signed) ...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ORD. Every item of inforof OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. WHH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be MLY, B.—WRITE PL

1. PLACE OF DEATH	940) 103
County A fill VI	Registration Dist. No.
Village or City Xallagy WNOW	No. St., War
Length of residence in city or town where death occurred / 5 -yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foraign birth?yrsmosd
2. FULL NAME / MARY CANADO TORIN	
(a) Residence: No. C. M.	St Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR, DIVORCED (write the word	21. DATE OF DEATH
HUSBAND of HUSBAND or divorced Sulling Haft.	
(or) WIFE of	1 HEREBY CERTIFY. That I attanded deceased from
DATE OF BIRTH (month, day, and year)	I last saw h allve on AMA la 19.2 death is sa
AGE Years Months Days If LESS tha	
63 11 18 I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Data of onsa
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	1
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	angina viewa 9/4/3
10. Date deceased last worked at this occupation (month and year)	
Mhuktina	Other Contributory Courses of Importance:
BIRTHPLACE (city or town)	NUMBER OF CONTINUES
13. NAME ////////////////////////////////////	- Parter 199
Naural Maryle	- ANAMAN
14. BIRTHPLACE (city or town)	Neme of operation
15. MAIDEN NAME AMONDAY MARMON -	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town) A. Many 1.	23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State ps country)	Where did injury occur?
INFORMANT SULAMA TOUR	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) XMARK LINNW	
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date Date 19	Nature of injury
UNDERTAKER COLIMINATION OF THE PROPERTY OF THE	24. Was disaase or injury in any way related to occupation of deceased?
(Address)	If so, spacify
D. FILED DEPT. H. 1937 N. 12 Suggest	(Signed) X. J. J. J. M. M. I. M. I.
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

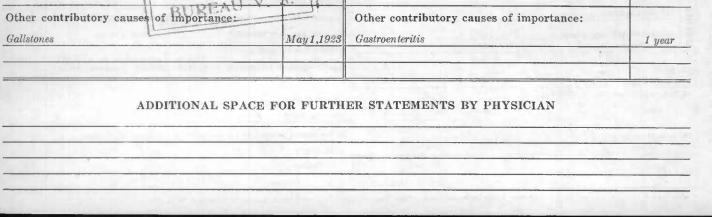
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis A	1921	Run over by street car	1 week ago
Cerebral hemorrhage 0CT 6 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

JRD. Every item of infor-

Exact statement of OCCUPA-

	CERTIFICATE OF DEATH 10120
1. PLACE OF DEATH	46-6
County At Mary	
Village or City from an or the	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Thomas Therday Hays	le U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emme Hayolen	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 8, 1861	I last saw has alive on Sept 11 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3:50 Pm.
76 8 27 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	wera as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Carcinoma of Intertine 1935
9. Industry or business in which work was done, as SILK MILL.	(droden una)
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10: Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Chapting (State or country)	Other Contributory Causes of importance:
E 01 . 7	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill In also the following;
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Neal Hayden (Address) Reason Ind	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL Place St. Michaelas Cernellogate Sept 18, 1937	Manner of Injury
19. UNDERTAKER C. L. Robinson (Address) Dameron md	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Sept 11, 1937 Of Beach had Registrar.	(Signed) M. D. (Address) Great Mills, Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

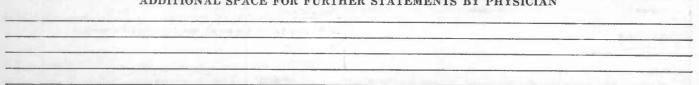
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CFCFIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage OCT 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	= = . #	
Gallstones	May 1,1923	Gastroenteritis	1 year	
The state of the s				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

ECORD. Every item of infor-

Exact statement of OCCUPA.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10121
1. PLACE OF DEATH	210-m
County St' way	Registration Dist. No. 286
Village or City and und	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Topher To Cot	linson
(a) Residence: No. 9 21 md arcsi	not Movemble DC
(Usual place of abode)	16 nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) 6 - 19-1914	I lest saw h. in allve on 9 4 - 19.3.]; deeth is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, at 9.50 1.m.
25 2 11 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, etc.	majorglaffe
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	and and
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	of auto with the
O 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation coupetion occupation	
12. BIRTHPLACE (city or town). W and	Other Contributory Causes of importance:
(State or country)	Prof. Il & Dui
H 13. NAME Johnson	after an eiden
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there en eu'opsy?
15. MAIDEN NAME (4 all Johnson) 16. BIRTHPLACE (city or town)	23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Michael B. Jans (Address) 2/1 3 4 4 m m	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piece I Med Level - Date 7 6 - ,19)	Nature of Injury
19. UNDERTAKER M. C. Mallings (Address) Lynaudton	24. Wes disease or Injury in eny wey releted to occupation of deceased?
20. FILED. 9-4, 1937 R. M. Palmin Registrat	(Signed) Profit Calum M. D. (Address) James a Latter SP

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	1 40	10 1111
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis Company	Lyear
		1
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

ECORD. Every item of infor-

Exact statement of OCCUPA.

8

STATE (OF	MARYLAND-CERTIFICATE OF DEA	ТН	10122
ATH				

1. PLACE OF DEATH	820
County St Marys	Registration Dist. No. 281
Village or City Acronaus fly	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
8 4.521 00 10	
2. FULL NAME Land Holly Johnson	If U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Consider the word of the second of	21. DATE OF DEATH (Oay) (Year)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Among Johnson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) unknown	I last saw had allva on Alph 8, 1977; daeth is seid
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, at5_c_3_A_m.
about 80 lundrown or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Unite of onset
SAWYER, BOOKKEEPER, etc. 10 Walnute	Cerebral person hage \$17/37
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Data dacassad last worked at this occupation (months and spent in this occupation)	
this occupation (month end 1932 spent in this 50 occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) / Vermany will	Artura solvous 1930
(State or country)	
13. NAME Charles Holly 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Neme of operation
(Stata of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Jareh Mason	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarah Mason 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Trans Tyrolan (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place It his selection Date Sept 12, 1937.	Manner of injury
19. UNDERTAKER Thomas Harris	24. Wes diseasa or injury in any way related to occupation of deceased?
(Address) Hemenwille Ind	If so, specify
20. FILED SLAT 10, 1937 Of Beach Registrar.	(Signed) M. D. (Address) great Mills, Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BILKE			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Part States

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RD. Every item of infor-

act statement of OCCUPA.

4			Ex	
MARGIN RESERVED FOR BINDING	-WRITE PLANCY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	ate.
FOR	S IS A	stated	prope	certific
1	HIS	be	pe	Jo
EKVI	NK-T	plnods	it may	n back
प्रमुख	ING II	AGE	o that	tions o
ARGIL	INFAD	pplied.	erms, s	TION is very important. See instructions on back of certificate.
	THE L	Illy su	plain t	. See
•	W	refu	ij.	ant
	KLY,	be can	EATH	import
)	PLA	plnous	OF D	very
	TE	E E	SE	18
4	-WR	matio	CAU	TION

N. B.—WRITE PLA

V. S. No. 1

					0400
		r MAR	YLAND—	CERTIFICATE OF DEATH	0123
1. PLACE OF DEA	тн ,			53-©	
County 1	narys	/		Registration Dist. No. 29	
Village or City	Pedro	on		NoSt.,	Ward
Langth of rasidanca in ci	ty or town where de-	ath occurred	/O_yrsmos	death occurred in a hospitalor institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsm	
	E.	4	P		0505.
2. FULL NAME	rnes	1. de	On Orus	If U. S. Veteran, specify WAR	
(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	0.110
male 4. colo	R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH Sept 2 (Month) (Day)	, 193.7 (Yaar)
a. If marriad, widowad, or divo HUSBAND of (or) WIFE of	rcad			22. I HEREBY CERTIFY, Thet I attaphded	dacaesad from
	0	110	- 1927	June 15, 1927, to Dept 2	19.37
5. DATE OF BIRTH (month, day 7. AGE Years	(, and year) Months	Deys	If LESS then	to have occurred on the dete steted ebove, at 2	_; death is said
. AGE TEATS	Months	Deys	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
1 0 Trade explanaion or a		•	or min.	wara as follows:	Date of onsat
8. Treda, profession, or profession,		200	<u> </u>	Ghoma , cerebral	1936
9. Industry or business in work was dona, as	SILK MILL.			occipital lobe	-
SAW MILL, BANK, of 1D. Data deceased last work this occupation (mo	kad at	spe	ima (years) nt in this	The gliomal was malignante Cutson.	
year)	P	000	upation	Dther Contributory Canses of Importance:	The state of
2. BIRTHPLACE (city or town) (State or country)	2	nassel		-	
13. NAME of 19	1 in 19	in the			
	701	7.2		Name of a satisfact	-
(State or country)	own) Gall	Tom	land of	Name of operation Date of What test confirmed diegnosis? Wes there are	
15. MAIDEN NAME	200001	· St.	1100	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or to	wn) Jari	roces	ille,	Accident, suicide, or homicide?	
7. INFORMANT	stern	Pric	L	Where did Injury occur?(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
8. BURIAL, CREMAZION, OR F	REMOVAL		ma	Manner of Injury	
Place St. Mic	hlos Con	sole &	fit 4,1937		
9. UNDERTAKER WY (Addrass)	a. E. m	latter	gly md	24. Wes diseasa or injury In any way related to occupation of deceesed? If so, spacify	
20. FILED. Wang. 3	19.3.)(pgBi	Registrar.	(Signed) Address) Great mills mol	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

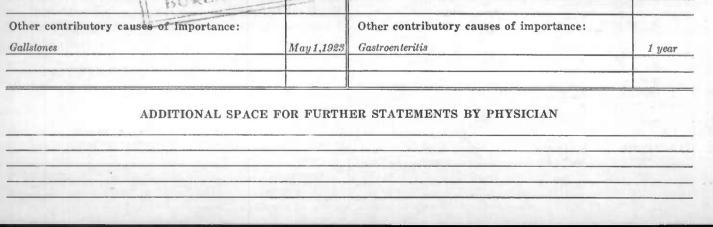
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



RD. Every item of infor-

should state

PHYSICIANS

Exact statement of OCCUPA.

properly classified.

mation should be carefully supplied. AGE should be stated EXACTL

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10124
1. PLACE OF DEATH	210:77
county It mary	Registration Dist. No. 286
Village or City Ferras aboun	No. At mary Harfital St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) [Late-How long in U.S. il ol loreign birth?
2. FULL NAME Joseph ashly Duga	
(a) Residence: No.	St., Ward,
(Usual place of obode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Martin M	21. DATE OF DEATH (Moght) (Day) (Day) (Day)
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of Fullie Husell	22. I HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	1 last saw h fig. alive on fig. 1937; death is said to have occurred on the date stated above, at 7.32/19.
57 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Cerebral Homosphase Settis
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
11. Total time (years) spant in this occupation (month and year)	
12. BIRTHPLACE (city or town) At Mary Lot (State or country)	Other Contributory Courses of importance:
13. NAME John Joseph Bride	
13. NAME John Joseph Junde	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Transformer To 16. BIRTHPLACE (city or town)	23. if death was due to external causes (VIOLENCE) fill in also the following:
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND STATE STATE (Address) plusand Ob ST Marita	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Africa Long automobile
Place Sacriff Southern Bate 1979	Nature of injury For ashfug of Scriff
19. UNDERTAKER A. C. Milch Fish, (Address) Chafficer Fish	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9 26 19 3 7 John Vi Patronila. Registrar.	(Signed) T. Tressortfly
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.-The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	11	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis OCT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. S.	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MADVI AND—CEDTIFICATE OF DEATH

1.	PLACE OF DEATH		
14.	county St. many.		Registration Dist. No. 283
	Village or City Rungham Length of residence in city or town where		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2.	(a) Residence: No. Renerge	James Pieres ing md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	nale white	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Months (Oay) (Yaar)
5a. I	f married, widowed, or divorced HUSBAND of (or) WIFE of	lener.	22. I HEREBY CERTIFY That I attended deceased from 1937, to Spr. 193
6. 0/	ATE OF BIRTH (month, day, and year)	ex 25-1861	I last saw h aliva on 19.3 7; death is dal
7. AC	GE Years Months	Days If LESS than	to have occurred on the date stated above, at 10 Pm.
	75 10	22 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
MOTHER FATHER	S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		Dead on animal Probable Cause of diall Citate Causes of importance: Other Cootributory Causes of importance: What test confirmed diagnosis? Moule Was there an au'opsy Matter and County and County and State of Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
-	Place Chapters, Cemeday	Date Sept 19, 1937	Manner of Injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased?
	(Address) Charles	Pauland Registrar.	(Signed) Chaptus C. Will M.

V. S. No. 1

B.—WRITE PL.

PHYSICIANS should state ECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

ALY, WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	J-2	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT @ 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	-15		

PHYSICIANS should state JRD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANE! TION is very important. See instructions on back of certificate. N. B.-WRITE

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(GPa)
County I march	Registration Dist. No. 282
Village or City near Shay also	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
11-11-11	
2. FULL NAME Company Affalliams	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mopth) (Day) or (Year)
5all f marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, The lattended deceased from
1.1191-11.600	I last saw h alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
16. Date deceased last worked at this occupation (month and spant in this	
12. BIRTHPLACE (city or town) Olly Shapeled (State or country)	Other Contributory Canada of importance:
14. BIRTHEAGE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME Man Spaceloline Corroll	23. If death was dua to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many magdaling Consoll 16. BIRTHPLAGE (city or town) 17. MAIDEN NAME Many magdaling Consoll 18. MAIDEN NAME Many magdaling Consoll 19. MAIDEN NAME Many magdaling	Accidant, suicida, or homicide? Data of Injury19
(Stata or country) Aff Throngs by hid	Whara did injury occur?
17. INFORMANT Many & Consult	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Il gent gentlemple Alf 29, 1937	Nature of Injury
19. UNDERTAKER Solar & Small angles	24. Was diseasa or Injury In any way related to occupation of deceased?
20. FILED 9 / 27 , 187 Commander Registrar.	(Signed) I freewell M. D. (Address) freewell MA
If more blanks are needed, address State Revistrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
1910	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
dy 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
-	y5,1927	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PL.

properly classified.

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	,	(173)
County St mor		Registration Dist. No. 2 5 /
Village or City ST	un'fore.	No. St., Wal
Length of residence In city or town where de		os ds. How long In U.S. If of foreign birth?yrsmosc
2. FULL NAME Jane	3 Toslor	
(a) Residence: No.	C Dell' 1000	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIÉD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	7	
(or) WIFE of	V /	22. I HEREBY CERTIFY, That I attanded deceased fro
C DATE OF BIRTH (√	, 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oays If LESS than	I last saw h alive on 1902 ; death is sa to have occurred on the date stated above, at
# 41	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin,	Wave as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	rehaut.	Charles 1/10/3
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		CACCATA COLORS
		This was a case of homisides genter
- Ill tins occupation (month and	11. Total time (years) spant In this	The word of the state of the st
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	el , de	
(State or country)	- A ma	
13. NAME Face & J	ozelor	
14. BIRTHPLACE (city or town)	wife	Name of operation Oate of
(Stata or country)	ny	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	ulsur	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	en jua	Accident, suicide, or homicide? harriendal Date of injury, 19
(State or country)	The same	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT A LIBERTY (Address)	relley sol	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of Injury
Placa Mit Julia	Date 2 (193)	Nature of injury
19. UNOERTAKER E	Musuce	24. Was disease or injury in any way related to occupation of deceased?
alle	uder my	If so, specify
20, FILEO Sept 10, 19.37	1 11	(Signed) A There M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	ken /	Other contributery gauges of importance.	
1 20-	-431	Other contributory causes of importance:	
Gallstones # ~2193	May 1,1923	Gastroenteritis	1 year
	I I		

ther contribute	ory causes of importance:	Other contributory causes of importance:	
Gallstones	22 192 May 1, 1923	Gastroenteritis	1 year
	1.50		
	ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.— CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

County It march		Registration Dist. No.	83-
Village or City new Lovevel	À	No.	St. Ward
Village of City 7244	(If	death occurred in a hospital or institution, give its NAME instead of stre	
Length of residence in city or town where death occurre	dyrs,	ds. How long in U.S. if of foreign birth?yrs	ds.
FULL NAME Sola Remark	Edward Olar	L. U.S. Veteran specify WAR	
	111 2/1		
(a) Residence: No. (Usua)	place of abode)	St., Ward. If nonresident give eity or toy	wn and State
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,		21. DATE OF DEATH	2.
or Divorced (write the word)		4011 30	193
make they	<u> </u>	(Day)	(lear)
If married, widowad, or divorced HUSBANO of		22. HEREBY CERTIFY, Tet Let	tended daceasad from
(or) WIFE of		Con, 5 \$ 1027 10 date	10 19 8
DATE OF BIRTH (month dev and year) M AACL	51937	I last saw by an aliva on 1917 8 50 1	927.; death is sal
AGE Years Months Dey	s If LESS than	to have occurred on the date stetad above, at m.	St. L , death is sai
ide feats months	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
6 /9	ormin.	were as follows:	Date of onse
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Compression	Long.
			Fe/3
9. Industry or business in which work was done, as SILK MILL,			
SAW MILL, Br.NK, etc	Total time (years)	-	
this occupation (month and	spant in this		
year)	occupation	Other Contributory Causes of importance:	
BIRTHPLACE (city or town)	HBD/hd.		- day
(State or country)		Hometin Ulmaker	Arti.
13. NAME of your alast C	Years		9
14. BIRTHPLACE (city or town)	1	Name of operation 0a	ite of
(State or country)	a Mid A	₩hat tast confirmed diagnosis? Was the	
15. MAIDEN NAME	Cil Engles		
To military that	Mary Mary Land	23. If death was due to external causes (VIOLENCE) fill in also the fo	
16. BIRTHPLACE (city or town) (State or country)	2	Accident, sulcida, or homicide? Oate of Injury.	, 19
(State of County)	- my	Where did injury occur?(Specify city or town, county	
INFORMANT - CONTRACTOR OF CONT	Love	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUB	LIC PLACE.
(Addrass)			
BURIAL, CREMATION, OR RIMOVAL	millet 1	Manner of Injury	
Place Place Place	1 y 1 19 37	Natura of injury	
"	duc'	24. Was disaasa or injury in any way thed to occupation of deceas	sed?
HINDERTAKER OF COMPANY			
UNDERTAKER (Addigess)	Ind 1	If so, spacify	
	The Vine In	If so, spacify (Signad)	0 M.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 6 1031	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S	1	146	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11.0

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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